

MICHAEL D. BRADY STATE REPRESENTATIVE 9TH PLYMOUTH DISTRICT BROCKTON

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES STATE HOUSE, BOSTON 02133-1054

Committees:

Vice Chairman, Public Safety & Homeland Security
House Ways and Means
State Administration & Regulatory Oversight

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Dr. Stuart Altman, Chair Massachusetts Health Policy Commission 50 Milk Street, 8th Floor Boston, MA 02109

March 31, 2015

Dear Chairman Altman:

As the Health Policy Commission looks to promulgate regulations governing the implementation of Chapter 155 of the Acts of 2014, *An Act relative to patient limits in all hospital intensive care units* (MGL c. 111, sec. 231), I want to be sure that the legislative intent of the law is reflected in these regulations.

In reviewing the proposed regulations I have a few concerns. The language in the proposed regulations seems to state that the acuity tool can be a substitute for the nurses' clinical judgement in determining the assignment of 1:1 or 1:2 depending on the stability of the patient in the Intensive Care Unit. The acuity tool was intended to supplement, not replace, the clinical judgment of the staff nurses.

Also, please note that no exemptions were included in the law; therefore under no circumstances should an ICU nurse be caring for more than two patients at one time.

I am also concerned with the language that creates an advisory committee to create and adapt the acuity tool. I believe that the intent of the law was that the acuity tool be developed with the involvement of staff nurses as participants.

My colleagues and I unanimously approved this legislation to protect our state's most vulnerable patients. Any regulations derived from this legislation should not deviate from the clear legislative intent of the law.

Sincerely,

Michael D. Brady State Representative

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